From Psychotherapy to Psycho-Boom: A Historical Overview of Psychotherapy in China

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Abstract
This article provides a historical overview of the development of Western psychotherapy in China based on existing scholarship and my own ethnography. I describe a meandering trajectory embedded in the shifting political, social, and economic circumstances: the tentative beginning in the Republican period, the transmutation and destruction in the Maoist period, the relatively slow recovery and progress in the earlier reform period, and the eruption of the psycho-boom in the new millennium. Emphasis is placed on the reform period that began in the late 1970s, but by incorporating the previous periods I intend to show that the long-term process is highly relevant to the current psycho-boom. I further reveal that the development of psychotherapy in China has involved a dual process—both the building of this new profession and the infiltration of related ideas into the broader society—and that this duality is particularly evident in the recent psycho-boom. Finally, I discuss the implications of the new Mental Health Law and the preliminary signs that psychotherapy as a profession is taking root in urban China.

Key words: psychotherapy, psychoanalysis, China, psycho-boom.

INTRODUCTION
Psychological ideas, practices, and institutions have flourished in urban China since the early 2000s. Psychotherapy occupies a central position in this so-called “psycho-boom” (xinli re). Activities that were promoted as psychotherapy “training” emerged as a craze among the middle class. Corporations offering these programmes have grown into an industry, and a group of celebrity therapists have become ardent disseminators of psychological knowledge through workshops, popular writings, and media appearances. Private counselling centres and individual private practices have mushroomed, forming a new mental health services sector alongside public psychiatric facilities. All of these mark a drastic shift from a dearth of psychosocial treatments described in the earlier studies (Chang & Kleinman, 2002; N. Chen, 2003; Pearson, 1995; Phillips, 1998, 2000). They also mark a shift from the classic depictions of Chinese patients as...
being prone to somatic complaints (Kleinman, 1986). Even greater is their departure from the Maoist period, when psychotherapy, academic psychology, and the psychological aspects of experience had been repudiated for political reasons.

Despite being in vogue, psychotherapy has received little attention from Sinologists and historians; virtually all the existing historical accounts come from the participants of the local development. Official narratives, composed by the elites of Chinese psychology and psychiatry, typically search for an alternative origin in the nation’s longstanding philosophical and healing traditions while considering psychotherapy as a modern, western invention (e.g., Li et al., 2006; Qian et al., 2002; Zhong, 1995). They also tend to follow the dominant grand narrative: the reform period sees all the progress, the Maoist period in which their disciplines fell victim to political persecution receives a brief summary, and the Republican period is deprived of its significance. Foreign therapists who have brought advanced training to China produce a small strand of histories that, though less bound by this frame, are similarly anchored to psychology and psychiatry (Gerlach, 1995; Kirsner & Snyder, 2009; Varvin & Gerlach, 2011). Outside the institutional spaces of these disciplines, anecdotes about celebrity therapists and monumental events abound, but most of them are fragmentary and not easy to verify. Despite the perception that psychotherapy is a recent arrival, many people are aware of its traumatic past and surmise that this has something to do with its current popularity. Frequently, one hears comments such as “Psychology was a problematic discipline back then”, or “It was an era in which humanity, particularly the psychological aspects of it, was repressed”.

This article offers a historical overview of the development of psychotherapy in China based on existing scholarship and my own ethnography. Since 2008 I have accumulated twenty-six months of fieldwork in Beijing and Shanghai, including a continuous stay between September 2009 and July 2011. The method of ethnography enables me to access knowledge and experiences that are seldom mentioned in published works. This historical overview places more emphasis on the reform period that began in the late 1970s, but it starts with the Republican period (1912–1949), during which psychotherapy was first introduced into China. By incorporating the previous periods, I seek to elucidate their legacies and the dynamic born out of the long-term process. Overall, I delineate a tortuous trajectory embedded in the shifting political, social, and economic circumstances: the provisional reception in the Republican period, the transmutation and destruction in the Maoist period, the relatively slow recovery and progress in the earlier reform period, and the eruption of the psycho-boom in the new millennium.
Psychotherapy, in the broadest sense, includes all kinds of treatment modalities that exert therapeutic effects through psychological or non-physical means. However, I restrict my scope to the particular genealogy that dates back to the birth of psychoanalysis at the end of the nineteenth century and hinges on a number of professions that include psychiatry, clinical and counselling psychology, and social work (e.g., Cautin, 2011; Cushman, 1995; Frank & Frank, 1991, pp. 1–20). This deliberate choice places China at the receiving end of the transnational transfer and implicitly assumes an association with these professions whose conditions depart considerably from their counterparts in the west (cf., Leung & Lee, 1996; Liu & Leung, 2010; X. Zhao, 2009). My treatment of each period begins with a short description of its social context, followed by a synopsis of the development of academic psychology and psychiatry, which, for a substantial length of time, had been the primary sites of reception. I do not merely focus on these institutional domains, but also examine the permeation of psychotherapy into non-professional or popular spheres. This is particularly evident in, but not confined to, the section on the psycho-boom. As we shall see, psychotherapy and its related ideas have shown great potential to infiltrate the broader social and cultural spheres since its arrival in China. I pay the most attention to psychoanalysis, a bias that reflects the pre-eminence this school enjoys in China, though it needs to be understood in vague and inclusive terms here given the lack of formal training.

THE REPUBLICAN PERIOD (1912–1949)

As the official discourse of the People’s Republic portrays, the era of Republican China was beset with tremendous injustice and suffering. Throughout the period, the state remained frail. The fledging republic was quickly torn apart by regional warlords. The Nationalist Party reunited the country in 1928 but soon faced the Communist insurgents and the Japanese encroachments, which escalated into full-scale warfare in 1937. The protracted war was succeeded by the Civil War that ended with the Communist victory in 1949. Amid these constant upheavals, new thoughts, artefacts, and values arrived from the west—a process that began in the late Qing period. In metropolises and treaty ports, a new educated class and a vibrant, cosmopolitan culture transpired, creating an environment for the reception of ideas and, to a lesser extent, practices derived from western psychology.

These ideas or practices were most welcomed in intellectual and literary circles. Although far from systematic, the reception followed the western trends closely and covered a wide spectrum that includes psychoanalysis, sexology, hypnosis, psychic research, and experimental psychology. Scholars such as Shih (2001), Wang (1990, 1991), and Zhang (1992) have
demonstrated the profound impacts of psychoanalysis on Chinese modern literature, as eminent writers such as Lu Xun, Shen Congwen, Guo Moruo, and the “New Sensationalists” group (xin ganjue pai) in Shanghai drew inspirations from it. Some reform-conscious intellectuals also turned to psychoanalysis and sexology in their criticisms of traditional culture. Yet, the enthusiasm for psychology began to wane after the mid-1930s. As literary critics Liu (2004) and Larson (2009) indicate, intellectuals gave in to a more urgent wish for radical social reform. None the less, these trends left an enduring mark in language; scores of psychological lexicons, many of which were borrowed from Japanese kanji (Chinese characters) translations, were assimilated into modern Chinese during this period (e.g. H.-Y. Peng, 2009).

Academic psychology and psychiatry were introduced into China through education reform and missionary medicine, respectively, in the late Qing period. Psychology was first taught in 1903 at the Imperial University of Peking (the forerunner of Peking University); in 1898, John Kerr, an American missionary physician, established the first psychiatric institution in Canton (Guangzhou). In 1917, the first psychology lab was set up at Peking University; three years later, the first psychology department appeared at Nanking Normal College (the forerunner of Nanjing University). Psychology gained considerable ground in higher education over the next two decades. More than twenty departments were founded, and Academia Sinica, the country’s most prestigious research institution, established an Institute of Psychology in 1929. A national society and several professional journals also existed. Comparatively, the development of psychiatry was more restricted. It was not until the early 1930s that two training centres emerged: the Neuropsychiatry Department at the Rockefeller-funded Peking Union Medical College (PUMC) in Beijing, which was under the tutelage of Richard S. Lyman, and the other in Shanghai, led by Fanny Halpern. The former was particularly influential as it trained a group of psychiatrists who later established training centres in Changsha, Chengdu, and Nanjing.

Psychology and psychiatry greeted psychotherapy in different ways. During the institutionalisation of psychology, influences from the USA gained dominance. While conceiving of their field as research-orientated, many psychologists were interested in psychoanalysis and were keen on translating or interpreting Freud’s works. The most notable among them was Gao Juefu, who translated Introductory Lectures on Psycho-analysis and New Introductory Lectures on Psycho-analysis. However, their incursions into practice rarely went beyond education and psychological testing, since the clinical branch of psychology had yet to be developed. Unlike psychology, psychiatry as a member of clinical medicine is rooted in practice. Chinese psychiatry in the 1930s was under the sway of Adolf
Meyer, a pre-eminent figure in American psychiatry as well as Lyman’s mentor at Johns Hopkins University. His theory of psychobiology, which called for an integration of psychological and biological perspectives, and his involvement with the psychoanalytic movement in the USA created an affinity with deep psychology that was transferred to the Chinese context (see Lumsden, 1992). Also worth noting is that Halpern once studied with the Nobel laureate Julius Wagner-Jauregg and the founder of individual psychology, Alfred Adler, while she was in Vienna (Blowers, 2004, p. 94). The tiny yet outstanding cohort of psychiatrists trained in the 1930s and 1940s thus had a certain familiarity with psychoanalytic ideas and their implications for clinical work.

Recent scholarship has drawn attention to a few pioneers who did delve into psychotherapy practice during this period. The most unusual one is Dai Bingham, a USA-trained sociologist–psychoanalyst who was invited by Lyman to join the PUMC unit in 1936. Building on Blowers’ (2004) biographical sketch, Wang (2006) further examines Dai’s intellectual backgrounds—the Chicago School of Sociology, Neo-Freudianism, and Confucianism—and how he adapted analytic theories and methods to the local reality. Dai left China in 1939 to flee the Japanese occupation and rejoined Lyman at Duke University after the war (see Rose, 2012). Yet, two of his contemporaries, Ting Tsan and Huang Jiayin, stood out for continuing the therapeutic project in China. Ting was a psychologist trained at the PUMC unit under Dai; later he became a leading figure in psychology and, particularly, the sub-discipline of medical psychology in the Maoist period. Conversely, Huang, a renowned writer–publisher in Shanghai, had never received formal training. Around the time of Liberation, he began psychotherapy practice, and these experiences resulted in several booklets of case studies. Blowers (2014) and Wang (2011) also show that during the 1930s and 1940s, Ting and Huang sought to enlighten the public through their writings on psychology, some of which were directly derived from clinical experiences. These were published in *West Wind Monthly* (xiéng), a magazine Huang co-founded with the literary luminary Lin Yutang.


The Maoist period saw the ambitious efforts to thoroughly transform the politico-economic foundations of the society as well as its culture. Workers and peasants became the dominant classes, yet class struggles continued. Political movements, often summoned by the Party’s top echelon, periodically seized the society with violence and terror. The revolutionary fervour reached its heights first in the Great Leap Forward (1958–1960), which resulted in an unprecedented famine, and then in the
Cultural Revolution (1966–1976). Psychology and psychiatry went through a similar course during this period. Both experienced massive changes in institutional structures and intellectual orientations, and many of their members, including some of the most respected ones, suffered from horrendous mistreatments, just as intellectuals in other fields did. The development of psychotherapy was first interrupted, and then resumed in an attempt to transform it into a socialist therapy, before succumbing to an even greater destruction.

Soon after the founding of the People’s Republic, the Communist regime severed connections with the west and resolved to “lean on one side”—learning extensively and solely from the Soviet Union. The Pavlovian tradition was extolled as the only paradigm that could bridge ideology and science in psychology and psychiatry. Training programmes were held throughout the 1950s to re-educate the researchers and professionals, seeking to eradicate their western views and education that were characterised as comprising imperialist and bourgeois elements. Psychiatry, with merely 50–60 physicians and some 1,000 beds in the vast country, was on a negligible scale around the Liberation. It then experienced an explosive growth: the numbers of physicians and beds multiplied more than tenfold during the first decade of the People’s Republic (He, 1958; Wu 1959). However, this remarkable increase in quantity was achieved at the expense of quality (Jia, 2004, pp. 61–94). Many of the new facilities were under the administration of the civil affairs or public security authorities, and could only offer custodial care. Psychologists and social workers, both essential members of the psychiatric team in the PUMC model, were expelled from mental healthcare, a loss that even today has yet to be recovered. During the Cultural Revolution, many professionals were sent into the countryside; hospitals in cities either remained open with drastically reduced capacities or were shut down indefinitely.

In comparison, psychology as an academic discipline had an even more tragic fate (see Brown, 1981; Chin & Chin, 1969; Petzold, 1987). In 1956, the Psychology Department of Nanjing University (originally National Central University) was annexed to the Institute of Psychology (IOP) at the Chinese Academy of Sciences, which derived from the Republican-period Academia Sinica. The merger and the massive restructuring of higher education in 1952 confined psychology to the IOP, a psychology major under the Philosophy Department of Peking University, and a handful of teaching and research units dispersed in other universities. The downsized discipline, as a branch of knowledge that sought to understand mental phenomena, suffered from the inherent tensions between it and the dominant materialist ideology. Under a cloud of the infamous label “bourgeoisie pseudo-science”, the field was constantly on the verge of losing its legitimacy. A campaign called “criticising psychology” (pipan xinlixue)
occurred in 1958, followed by a relatively peaceful period. In 1965, the discipline faced a new round of attacks initiated by an editorial written by the “Gang of Four” member Yao Wenyuan under the pseudonym Ge Mingren (1965), which was homophonous to “revolutionary man”. Yao’s subsequent essay on the play “Hai Rui dismissed from office” unleashed the Cultural Revolution. In 1970, the IOP was abolished. This marked the destruction of the entire discipline as universities throughout the country had been closed since the Cultural Revolution began in 1966.

Obviously, it was impossible to continue the psychotherapy movement that had its tentative beginning during the Republican period. In fact, Freud and his psychoanalytic theory were repeatedly singled out in the attacks on Western psychology. A notable exception was the “speedy synthetic treatment” (kuaisu zonghe liaofa) campaign, which was initiated in 1958 by the IOP’s medical psychology section—a new division led by Ting Tsan and Li Xintian, a physician trained at the prestigious Hsiang-Ya (Yale-in-China) Medical College—and the Psychiatry Department of the Beijing Medical College. Echoing the spirit of the Great Leap Forward, this elite group assembled a variety of modalities that included pharmacological treatments, physical therapy (electric stimulation), physical exercises (e.g., taijiquan), and the so-called “psychotherapy” to combat neurasthenia (shenjing shuairuo), a disease that was particularly prevalent among intellectuals and college students who were engaged in mental labour. These treatments took place in the social milieus in which patients worked or spent most of their time—for example, factories and schools—and were conducted in intermissions so as to minimise the interruption of work or study. The entire course of therapy took about a month. Their version of psychotherapy, allegedly based on Pavlovian theories and Marxist–Leninist–Maoist doctrines, combined different formats of individual and small-group sessions and aimed to instil a correct “recognition” (renshi) of the diseased condition among patients and to enhance their “subjective initiatives” (zhuguan nengdongxing) (see Li et al., 1959; X. Li, 1960; Li et al., 1980). This therapeutic experiment lasted until the outbreak of the Cultural Revolution; through it, psychotherapy preserved its own nominal existence despite being transformed from within.

This campaign was a telling example of how practitioners drew on the dominant ideology to create psychological techniques that were deemed not only legitimate, but also suitable for the local circumstances. However, this episode was not an isolated endeavour, as mental health workers in the Maoist period made routine efforts to accomplish therapeutic outcomes through words and other non-physical means without using the notion of “psychotherapy”. “Thought” (sixiang) was seen as the locus of therapeutic action, as a motto of that period revealed: “Psychological problems do not exist. Only thought problems do”. During the 1960s and
1970s, quite a few professionals from overseas visited China, and their accounts bore witness to the clinical world under high socialism: the egalitarian atmosphere in which the power differential between medical personnel and patients was erased; the absence of psychologists and social workers; the application of traditional Chinese medicine and acupuncture; the routinised claim that mental illness was rare and no longer a major issue; and the use of “heart-to-heart talk” (tanxin or shuo zhixinhua) and political sessions, which were often compared to individual or group therapy in the west (e.g., Allodi & Dukszta, 1978; Bermann, 1968; Cerny, 1965; Lazure, 1964; Ratnavale, 1973; Taipale et al., 1973). On the other hand, these scenes did not exclusively belong to the psychiatric hospital, but were ubiquitous in a world transformed by revolutionary fervour—in this sense, the hospital was but a microcosm of the society.

THE EARLIER REFORM PERIOD
(LATE 1970S—EARLY 2000S)

After Deng Xiaoping regained power in the aftermath of the Cultural Revolution, the Chinese state launched the economic reform that aimed to create a market economy under firm political control—an approach later branded as the “socialism with Chinese characteristics”. Connections with the west were resumed, and intellectuals, who bore the brunt of state violence during the Maoist period, were rehabilitated. The 1980s saw the resurgence of Western ideas and serious reflections on culture and society. This “age of idealism” ended with the military crackdown on the student movement in 1989. The tragedy confirmed the Communist Party’s unchallengeable position and fostered the pragmatic ethos of the ensuing epoch. After Deng’s southern tour in 1992, the state accelerated marketisation and integration into the global economy. By the turn of the century, the nation’s coastal region had turned into the major manufacturing base of the world, and a relatively well-off stratum had emerged in cities.

Psychology recovered its legitimacy when the IOP was restored in 1977, followed by the establishment of the first Psychology Department at Peking University in 1978. Taking command were the senior scholars who received western-style training during the late Republican or the early Maoist period. Their primary concerns were to rebuild the disciplines from the ruins and to catch up with recent progress in the west. The situation was not favourable. Psychology was a small discipline. In addition to the IOP, in the 1980s there were only five psychology departments in the country, supplemented by about a dozen new ones in the 1990s. Psychiatry, as the most disadvantaged member of clinical medicine, also faltered amid the economic transition. The field maintained its narrow focus on major psychoses.
and was dependent on institutionalisation and pharmacological treatments. It mainly consisted of public institutions. Thus, when state subsidies dwindled, this crumbled the services delivery system, leaving a substantial portion of patients untreated. The World Bank’s Global Burden of Disease study (Murray & Lopez, 1996) estimated that in 1990 only 30% of patients with schizophrenia in China received treatment. The treatment rate of bipolar disorder was estimated at as low as 5%.

Psychology and psychiatry set out to reclaim the field of psychotherapy swiftly. In 1979, the Medical Psychology Division of the Chinese Psychological Society set up a working group on psychotherapy. In 1981, a national conference on psychotherapy for schizophrenia was held in Shanghai, followed by the first national training course in Henan Province. In the ensuing years, a network of scholars and practitioners who were interested in talk therapy emerged. The majority of this group came from psychiatry. During the 1980s, medical psychology entered medical education and gradually became part of the medical establishment under the leadership of Li Xintian, the architect of the speedy synthetic treatment. In the meantime, some psychology departments began teaching counselling or “clinical” (linchuang) psychology: these two labels were almost indistinguishable in China, as those who graduated from these programmes were not able to work in medical settings. Instead, they practised in college counselling centres that began to emerge in the mid-1980s. Throughout this period, psychiatry and psychology had a collaborative relationship, as shown by the founding of the interdisciplinary Chinese Association for Mental Health (CAMH) in 1985. Its Committee on Psychological Counseling and Psychotherapy has been the leading professional body in the field of psychotherapy since its inauguration in 1990.

These endeavours were rudimentary compared to what happened later in the psycho-boom. When a group of psychoanalysts visited China in 1988, they found little evidence of anything resembling western-style psychotherapy (Halberstadt-Freud, 1991; Sabbadini, 1990). Talk therapy in general was rather marginal in psychology and psychiatry. Psychology was a research-orientated discipline; its counselling or “clinical” branch was small, disconnected from medical institutions, and confined to college counselling. Psychiatry, once governed by Pavlovian theories, rushed to embrace American psychiatry—the diagnostic shift from neurasthenia to depression among the elite psychiatrists was a tell-tale example (see Lee, 1999). The coterie of pioneers involved with the development of psychotherapy seldom claimed expertise in it. Almost none of them was formally trained, and the training they offered was exceedingly brief, with a sole focus on knowledge transmission. Even so, the 1980s and 1990s did see some notable developments, and their lingering influences are still palpable today.
The first was the coining of the term *xinli zixun*, which soon became the standard translation of psychological counselling, and the initiation of various projects under it. In the early 1980s, outpatient clinics with this title began to appear in psychiatric and general hospitals. Treatments offered in these clinics could include health education, psychological assessments, physical examination, blood tests, and imaging studies (G. Zhao, 1995). This so-called “outpatient model” mostly involved one-time consultations and bore little resemblance to western psychotherapy, but it soon had a place in the mental health services system. In the early 1990s the Ministry of Health ordered hospitals above the county level to set up psychological counselling clinics. These facilities provided the institutional spaces for the development of psychotherapy and broadly defined psychological treatments in clinical medicine. Also, in the 1980s, a number of universities set up student counselling centres, and the same title, *xinli zixun*, was employed. After the 1989 student movement, the State Education Council (the precursor of the Ministry of Education) began to revamp the “political thought work” (*sixiang zhengzhi gongzuo*) system in higher education with the new enterprise of counselling. A transition period ensued, during which former ideological workers filled many counsellor positions (see Leung et al., 2000). Today, most universities still juxtapose their counselling centres to the political thought work units, housed under one roof of the “student affairs” (*xuesheng gongzuo*) offices.

One defining feature of this early stage of development is the keen interest in creating therapeutic modalities that were thought to suit the Chinese people, an endeavour that attracted several of the most esteemed figures. Li Xintian, the leader of medical psychology, revised the socialist project of speedy synthetic treatment into “comprehensive practice therapy” (*wujian liaofa*) with his protégé Guo Nianfeng (X. Li, 1991, pp. 159–160; X. Peng, 2010). Lu Longguang (1989) at the Nanjing Brain Hospital developed a treatment governed by the principle of *shudao* (release and guidance). Zhong Youbin, a psychiatrist who was demoted to the outlying Capital Steel Hospital during the Cultural Revolution, was the most influential of all. His “cognitive insight therapy” (*renshi lingwu liaofa*), touted as the “Chinese psychoanalysis”, was an illuminating example of how these pioneers grappled with lingering socialist influences and the new possibilities brought by the reform. He espoused Freud’s early ideas, especially the existence of the unconscious, the pathogenic effects of childhood experiences, and the focus on sexuality. Yet, his case histories showed that in clinical practice he sought to instil a “correct” appraisal of the allegedly immature and, thus, reproachable symptom formation in his patients (see Zhong, 1988). His method, as the notion *renshi* (recognition) in its title implied, was reminiscent of the thought-altering techniques of the Maoist period (Seurre, 1997).
As China opened itself to the west, therapists from abroad began to arrive. Tseng Wen-Shing, a renowned cultural psychiatrist who received residency training in Taiwan and the Massachusetts Mental Health Center and was then based at the University of Hawaii, started visiting China in 1981. He established a long-term friendship with the Institute of Mental Health at the Beijing Medical College (now the Medical College of Peking University) and gave many lectures on psychodynamic and family therapy there. His introductory textbook (1987), co-authored with his wife Hsu Jing, was one of the most important texts on psychotherapy prior to the advent of the psycho-boom. In the early- and mid-1990s, Morita therapy, a Zen Buddhism-inspired modality invented by Japanese psychiatrist Shoma Morita in the 1920s, enjoyed a short-lived popularity in Chinese psychiatry. This was prompted by the assumption that Japan, a country with a similar cultural background, would offer a more suitable model of psychotherapy (see Tseng et al., 2005, p. 260). Many psychiatric hospitals set up Morita therapy wards, which later turned into psychosomatic wards when the trend diminished.

In terms of the contributions to the recent psycho-boom, nothing comes close to the Sino-German Course (zhongde ban); today many people equate its history to the field’s origins (see Haaß-Wiesegart et al., 2007; Simon et al., 2011). The history began with a personal journey of a German therapist, Margarete Haaß-Wiesegart, who first came to study at Peking University in 1976. She completed her studies of family therapy in West Germany. Later, she returned briefly to Peking University, and learned that China’s mental health system did not have psychotherapy. Determined to bring it to China, she found several allies, including Chen Zhonggeng, the founder of the clinical psychology programme at Peking University, Wan Wenpeng, President of the Yunnan Province Psychiatric Hospital in Kunming, and Yang Huayu, Professor at Anding Hospital in Beijing. She recruited a group of German therapists and held the first symposium in Kunming in 1988, followed by two similar events in Qingdao in 1990 and Hangzhou in 1994. In 1997, the group launched a new training programme based on the so-called “continuous training” (liexu peixun) model: six week-long episodes dispersed over the span of three years. The first and the last episodes were held in Kunming where their Chinese collaborators Wan Wenpeng and his disciple Zhao Xudong, who had just received a PhD in family therapy from Heidelberg University, were located. Beijing, Shanghai, Wuhan, and Chengdu hosted the intervening episodes. The programme had three sections: psychoanalysis, systemic family therapy, and behavioural therapy (including hypnosis). All the 130 trainees were young, promising psychiatrists or psychologists handpicked by their home institutions. From this cohort emerged many of the most influential figures of the psycho-boom period. Referring to the institution
where many of the commanders on both the Nationalist and the Communist sides were trained, the programme became known as the “Whampoa Military Academy” of Chinese psychotherapy.

Psychotherapy and psychology in general also inched into non-professional or popular domains during this period. The boundary between the professional and the popular was very thin, as those who wrote on psychotherapy usually conceived a broad readership that included patients, their families, and the general public. The early signs of popular interest lay in the rise of various art forms in which individual emotions and private experiences loomed large. Throughout the 1980s, a new wave of literature as well as popular music and television shows from Hong Kong and Taiwan found an enormous audience. In the latter half of the 1980s, publications on psychoanalysis, including several of Freud’s books in translation, suddenly appeared and were read voraciously by college students (see Guo, 2009, pp. 1–3; Ju, 1987). This so-called “Freud fever” turned out to be as transient as the coeval infatuation with other western cultural icons such as Nietzsche and Sartre. But many of the members of the first Sino-German Course encountered psychoanalysis during this fever. While books filled with abstract musings were popular among the soul-searching youth, a crude form of popular psychology or self-help publications also emerged (Farquhar, 2012; Kleinman, 1988, pp. 143–144). In the 1990s, advice columns, radio call-in programmes, and hotlines (Erwin, 2000; Palmer, 1997) offered new channels for seeking psychological help. However, the communicative practices one could find through these channels or at the psychological counseling clinics in hospitals were marked by a practical, didactic orientation and had limited room for the exploration of inner depths.

**THE PSYCHO-BOOM (EARLY 2000S–THE PRESENT)**

China entered a new phase of economic growth after entering WTO in 2001. Within a decade, the nation had remade itself into a looming superpower whose achievements and potentials were showcased at the Beijing Olympics in 2008 and the Shanghai Expo in 2010. In 2010, China surpassed Japan as the second largest economy when the developed world was caught up in the global economic crisis. Despite the principal role that manufacturing has long played in its economy, the country is experiencing a rapid expansion of the middle class and a transition to becoming a major global consumer. The psycho-boom has emerged during this period and is often associated with these trends. In the popular imagination, the psycho-boom has gained a dual character—it is both an outgrowth of economic progress and the remedy for the ailments that progress gives rise to. People suppose that the boom reflects the increased purchasing power and the
rising demand for quality healthcare services at a time when the perils of prosperity are rampant, as evidenced by the surging rates of depression, anxiety, and so on (see Huang et al., 2008; Kolstad & Gjesvik, 2013; Lee et al., 2009). The projected results of the ground-breaking study by Michael Phillips and colleagues (2009)—173 million adults in China have a mental disorder and 158 million of these have never received any type of professional help—are particularly appalling; these widely circulated numbers suggest a mental health crisis whose scale is beyond imagination.

Both academic psychology and psychiatry have experienced substantial growth during this period. Psychology is no longer a small discipline—the number of psychology departments could have reached 300 (J. Zhong, personal communication, 15 January, 2015). More than 100 universities offer Master’s programmes in applied psychology, the official category that includes counselling psychology. Providing counselling services in schools has become common, not only in universities, but also in primary and secondary schools (Thomason & Qiong, 2008; Zhou, 2007). Psychiatry has made great strides after the state initiated a public mental health reform in the aftermath of the SARS epidemic in 2003. The centrepiece is the “686 project” that aimed to establish a nationwide management and intervention system for major psychoses (Liu et al., 2011; Ma, 2012). Meanwhile, the state also works with the professional associations to promote standardised residency training. However, the association between the psycho-boom and the development of these two disciplines should not be taken for granted. Psychotherapy remains very marginal in psychiatry, and is rarely part of the residency training even at the country’s top institutions. It receives more attention in psychology, but much of the expansion of the related programmes followed rather than preceded the advent of the boom.

What truly distinguishes the psycho-boom is that psychotherapy and its training are no longer exclusively controlled by academic psychology and psychiatry, which are based in universities and hospitals and are largely confined to the public sector. A new sector that is privately owned, market-driven, and open to the broader society has taken centre stage. At the heart of this change are the commercialisation of psychotherapy “training” and the frenzy among the middle class to participate in these activities. This might contradict the popular impressions, but the boom seems to be more about the consumption of these training programmes than gaining access to psychotherapy services. In the local parlance, the notion “training” (paixun) entails a wide range of motivations that are not necessarily related to the pursuit of a professional career. This is because psychotherapy has been imagined and promoted so differently that it is able to travel in flexible forms, suiting the expectations of the urban middle class that finds psychology more pertinent to their life. The psycho-boom is driven by
multiple forces: a state that is able to implement major policy changes, the disciplines of psychology and psychiatry that have striven to amplify their clout, and the market in which new commodities and business models are introduced to capitalise on the desires of consumers (see Huang, 2014). A succession of projects that occurred during the 2000s became the vehicles through which these forces could exert their influences. Despite not being coordinated, they produced synergic effects that led to the psycho-boom.

The first and the most crucial among these projects is a training and certification programme administered by the Ministry of Labour and Social Securities (MOLSS). In 2001, the ministry announced that “psychological counsellor” (xinli zhixun shi) would be a new addition to the National Vocational Qualification (NVQ), a UK-inspired system that was the outcome of the massive labour reform in the latter half of the 1990s. This was immediately followed by two other certification systems: one for “psychotherapists” (xinli zhiliao shi) that was administered by the Ministry of Health, and the other for “mental health promotion worker” (xinli baojian shi) that was managed by the quasi-official China Health Care Association. However, their impacts were nowhere close to the MOLSS system, which was launched provisionally in 2002 and officially in 2005. Like many successful projects in the post-reform business world, it derived from collaboration between the ministry and a private company specialising in distance learning technology named Huaxia Xinli, which invited Guo Nienfeng, an eminent psychologist at the IOP and then Vice President of the CAMH, to be the mastermind behind the project. As a disciple of Li Xintian, Guo was a proponent of psychological counselling in the 1980s and had since then presided over a correspondence learning programme at the IOP. The new system inherited many elements of this programme with a pivotal distinction: commercial agencies were the major suppliers. The entry requirements were deliberately lowered to accommodate more trainees. The programme could be completed in a few months on a part-time basis; it mainly concerned exam preparation and had little to do with practice. Huaxia Xinli and other training agencies produced a marketing campaign that built on the official discourse about a mental health crisis to suggest that there were rosy prospects for those who graduated. They further promoted the image that being a psychotherapist was a financially rewarding profession based on private practice—a sharp contrast with psychologists and psychiatrists in China who, as public sector employers, were paid modestly. These messages were well received by the public; people began to ignore the fact that the vocation of psychological counsellor, as certified through the NVQ, was meant to be low-skilled in the first place.

Popular media is another key factor in fuelling enthusiasm for psychotherapy training. At the end of 2004, the state-run China Central Television launched a new programme called Psychological Interviews (xinli fang-
which featured real, edited twenty-minute in-studio therapy sessions. This daily show became an immediate success. It made its most frequent guests—Yang Fengchi and Li Zixun, both graduates of the Sino-German Course—household names and offered a convenient channel for common people to familiarise themselves with the imported therapy and the psychological ways of thinking (Krieger, 2009). Concurrently, a new breed of fashion/lifestyles/women’s magazines turned to psychology, providing space for the celebrity therapists-cum-writers and helping to foster an aura of taste and distinction around psychotherapy. The most notable example was the Chinese edition of the French magazine *Psychologies* that was first published in 2006. The MOLSS training had become quite popular around 2006 or 2007. In Beijing, Shanghai, and other major cities, tens of thousands of people rushed to register in these programmes. Some of them wished to pursue a career in psychotherapy practice, but others were simply interested in learning something about psychology or making friends through these activities. Foreseeing the potential market for training beyond the MOLSS level, those in the training industry put forward programmes that were of shorter duration (typically 2–5 days) and pertaining to specific theories, techniques, or topics. These companies found eloquent and charismatic figures from academic psychology and psychiatry to teach these programmes. The most successful ones would emerge as “masters” who embarked on a journey no one had trodden before—to give lecture tours around the country.

While the boom was developing, psychotherapy moved toward the centre of the state’s attention. In 2006, the Central Committee of the Communist Party published a major policy statement that proclaimed “psychological harmony” (xinli hexie) as a pillar of the official discourse of “harmonious society” (hexie shehui). What turned this pledge into action was the Wenchuan earthquake in May 2008. In the aftermath of the disaster, the state embraced “psychological aid” (xinli jiuyuan) or “psychological crisis intervention” (xinli weiji ganyu) as an essential component of the relief programme. Massive media attention was splashed on the state-orchestrated efforts and the psychological consequences of the disaster. Such media fanfare lasted for several months and became a new wave of the publicity campaign for psychotherapy. The psycho-boom further heated up after the Wenchuan earthquake; the most telling sign was the rapid escalation of treatment and training fees and the greater variety of courses offered by the training industry. Once the boom caught the attention of international media (e.g., Osnos, 2011; Tatlow, 2010; Wan, 2010), therapists from overseas, including Hong Kong and Taiwan, also swarmed to Beijing and Shanghai to give lectures or workshops. Two other fields grew hand in hand with the training industry: corporate psychological services, the so-called “employee assistance programme” (EAP), and the
supply of artefacts with which one might wish to furnish a psychotherapy office. Concurrently, the boom made further headway in the public sector. Apart from school counselling, the military, the police, prisons, and the community services system also installed elementary forms of psychological assistance (see Yang, 2013a,b). In many instances, the Ministry of Labour and Social Securities training was employed, as it was a convenient, officially approved solution.

The psycho-boom used to be dominated by psychoanalysis. When I began my fieldwork in 2008, many celebrity therapists, practitioners, and trainees identified themselves with this particular orientation. In fact, psychoanalysis nearly became a generic term for the entire world of psychotherapy. The local understanding of the term differed sharply from that in the west, as formal training was not available and short-term courses were the only means of transmission. However, the popularity of this label suggested a penchant for things that are deep and emotionally resonant, which might account for the utter unpopularity of cognitive–behavioural therapy that had become the mainstream in the west since the 1980s.

The dominance of psychoanalysis was closely linked to the first Sino-German Course cohort. Out of this group emerged many of the most celebrated teachers, including Zeng Qifeng, who earned the moniker of “seeding machine” (bozhongji)—an allusion to Mao’s (1965, p. 145) famous comment on the Long March of the Red Army in the 1930s—by ceaselessly touring around the country. It also included Shi Qijia, whose stylish demeanours and penetrating insights established him as another “master”. Additionally, several of their peers occupied leadership positions in key institutions and were able to garner institutional resources to advance their cause. The most influential was Xiao Zeping, who, during her long tenure as President of the Shanghai Mental Health Centre, hosted the psychoanalytic section of the Sino-German Course with Alf Gerlach (see Gerlach, 2014; Xu et al., 2011). In Beijing, Yang Yunping, Chief of the Clinical Psychology Division at Anding Hospital, organised an equally important programme—the Sino-Norwegian Course (zhongnuo ban)—with the Norwegian analyst Sverre Varvin. In Wuhan, Tong Jun presided over the first and only hospital that featured inpatient psychotherapy in the country—Wuhan Hospital for Psychotherapy—and made it into another hub of training activities.

Outside the Sino-German group, two senior therapists stood out in the deep psychology scene. The long-awaited Jungian voice anticipated by Blowers (2000) was represented by Shen Heyong, a psychology professor at Fudan University in Shanghai and a disciple of the eminent translator of Freud, Gao Juefu. Affiliated with the international Jungian community, he published profusely on the integration of Jung’s ideas and traditional
Chinese thoughts. Apart from these theory-building efforts, he made a more noticeable impact through the dissemination of sandplay therapy—every school counselling room I visited in China was equipped with sandplay instruments. On the other hand, Huo Datong, a philosophy professor at Sichuan University, was the leader of a small but dedicated Lacanian group in Chengdu. Trained in Paris and known in France as an icon of Chinese psychoanalysis (see Haski, 2002), he argued that the unconscious was structured not just like a language, as Lacan proclaimed, but like the Chinese language. In addition to the broadly defined deep psychology, family therapy (particularly the Satir model, the systemic approach associated with the Sino-German Course, and the structural approach associated with the Hong Kong-based therapist Lee Wai Yung), humanistic–existential therapy (partly due to the influence of Irvin Yalom, whose works were widely read in the circle), NLP (neuro-linguistic programming), Bert Hellinger’s family constellation, and, more recently, Eugene Gendlin’s focusing, mindfulness, and dance/movement therapy were well received.3 The number of schools being introduced into China quickly increased after the Wenchuan earthquake, giving rise to a scene of “one hundred flowers blooming” envisioned earlier by Chang and her colleagues (2005).

However, referring to particular schools as well received could be misleading, as it implied proficiency, commitment, or a relatively mature stage of professional development. This seldom existed in China. The psycho-boom involved two seemingly contradictory processes: a popular movement concerning the participation in psychotherapy “training” and the building of a new profession of experts. Existing scholarship tends to emphasise the latter dimension (Chang et al., 2013; Gao et al., 2010; Hou & Zhang, 2007; Qian et al., 2011), but it is the former that made up most of the flourishing scene. While official statistics were not available, it was estimated by many leading figures in the field that by mid-2011 over 300,000 people had attained the MOLSS certificates. In Beijing, Shanghai, and some other major cities, people engaged in learning psychotherapy formed large and thriving communities. The majority of these people were young or early middle-aged women who were relatively well to do in financial terms. They tended to spend a lot of time socialising with friends who shared this passionate hobby. These local scenes were further connected through the Internet. There were numerous web-forums, chat rooms, and online communities specifically for people who were involved in the psycho-boom. Lately, the country’s native social networking programmes such as weibo (micro-blogging) and weixin (WeChat) have become the major arena for online interactions.

Only a small portion of the psycho-boom participants—though still a rather large number—went on to practise psychotherapy. They mostly worked in private counselling centres or individual private practice that
had burgeoned in the regulatory vacuum. These facilities, unlike private medical practice that was strictly regulated by the health authorities, were not governed by any public agencies or professional organisations. As systematic training was seldom available, practitioners had to assemble their own curricula out of a rapidly expanding pool of courses whose students had widely varied motivations. Moreover, the career prospects were nothing close to the reassuring suggestions they heard from the media or the training industry. Up until 2011 or 2012, when the feverish scene had persisted for several years, most of the therapists I knew found it difficult to find even one or two regular clients, and therefore they tended to work on a part-time basis. Most of the time the client asked for a one-time consultation—a huge discrepancy existed between the psychodynamic psychotherapy that these therapists claimed to master and what their clients actually demanded.

Despite these challenges, the “professional core” of the movement—those who worked or trained at reputed universities or hospitals and lay practitioners who were committed to the career—benefited greatly from the intense international exchanges that were concentrated in Beijing, Shanghai, Wuhan, and a few other metropolises. These endeavours saved the elite members of the psycho-boom the travails of going abroad and expedited their professionalisation. Here, I provide a brief sketch of the most respected programmes in the psychoanalytic domain that are but a small part of the whole picture. The two long-established programmes—the Sino-German Course and the Sino-Norwegian Course—continued to offer training in the “continuous training” format at both the introductory and advanced levels. They also helped the local community to establish ties with the International Psychoanalytical Association (IPA). IPA set up a China Committee and initiated a direct candidate programme in Beijing in 2008, followed by a similar programme in Shanghai in 2011. Local candidates were in analysis with Irmgard Dettbarn, a German analyst who resided in Beijing during 2007–2010, and Hermann Schultz, another German analyst, who began to divide his time between Frankfurt and Shanghai in 2011. China American Psychoanalytic Alliance (CAPA) arrived at a later time; it began to offer a two-year programme in psychoanalytic psychotherapy to students in several major cities in 2008. Led by Elise Snyder, a New York-based psychoanalyst, it had evolved into a large organisation that mustered over 300 analysts from various corners of the USA. Its programme included lectures, group and individual supervision, and personal treatment, all of which were conducted through Skype (see Fishkin et al., 2011; Fishkin & Fishkin, 2014). Taught on a weekly basis, it resembled the one-or-two-year fellowship programmes offered at many psychoanalytic institutes in the USA. A two-year advanced programme was added in 2011, and a training programme in supervision was initiated recently.
CONCLUSION:
RECENT DEVELOPMENTS AND FUTURE PROSPECTS

In June 2011, the State Council for the first time released the draft of the Mental Health Law. The draft included several articles related to psychotherapy. They could be summarised as two points. First, it made a distinction between “psychotherapy” and “psychological counselling”—the two terms that had been used interchangeably since the early 1980s. The draft stipulated that psychotherapy was a medical treatment that had to be carried out by medical personnel in medical facilities. Because of the predominance of public hospitals and the immense difficulty of attaining permission for private medical practice from the health authorities, this would, in effect, restrict psychotherapy practice to psychiatric hospitals and psychiatric departments in general hospitals. Second, the draft specified that psychiatric facilities needed to hire psychotherapists. Although the requirements of these positions were not mentioned, this suggested that a new profession would be added to the psychiatric team that had, throughout the past several decades, consisted of physicians and nurses. Some leading psychiatrists speculated that the law might refer to the certification system for “psychotherapists” that had been administered by the Ministry of Health since 2003. The system had remained small and of little significance, as the job was offered at a mid-level rank (zhongji zhicheng) within the medical system.

Between then and May 2013, when the minimally revised law (see Chen et al., 2012) was enacted, people who were involved with the psycho-boom engaged in fierce debates on the nature of psychotherapy and the prospects for local development. Their views often reflected their personal experiences and standpoints. Many of the therapists in private practice thought that the law unjustly deprived them of the right to practise psychotherapy. Some of them were even worried that the state might launch a crackdown on the private practice scene. Members of academic psychology were upset that the law, which had been drafted by the country’s leading psychiatrists, strongly favoured psychiatry by the adoption of a medical definition of psychotherapy. They felt that their expertise had been excluded from consideration in the legislation. Psychiatrists, who were the least affected, generally welcomed these changes, including the addition of psychotherapists to their teams.

Almost two years after the law was promulgated, its direct effects are limited. The health authorities have not taken any serious regulatory actions. The most visible change seems to be that the therapists in private practice now avoid using the term psychotherapy and stick to calling their practices “psychological counselling”. The MOLSS programme continues to thrive, and the number of people certified might have reached 600,000 by the end of 2014. Only a small number of psychiatric institutions have
begun to recruit psychotherapists. In early 2015, the National Health and Family Planning Commission (created through the merger of the Health Ministry and the Population and Family Planning Commission) announced that its certification for “psychotherapists” would soon be offered at a junior rank (chuji zhicheng) and open to people who hold psychology degrees. This new policy will be implemented later this year. While larger-scale structural shifts are yet to be seen, during the past two or three years the psycho-boom, particularly in its most developed centres such as Beijing and Shanghai, has experienced some significant changes.

1. The rise of the Registry System: as early as in 2006, the Clinical and Counselling Psychology Division of the Chinese Psychological Society set up its Registry System under the leadership of Qian Mingyi, Professor at Peking University who was also a member of the first Sino-German Course cohort. The system differed from other professional associations (mainly the several committees related to psychotherapy under the China Association for Mental Health) in setting down codes of ethics and registration criteria that were comparable to the western standards (see Qian et al., 2009). While the system included most of the leading figures in academic psychology and psychiatry, as of the announcement of the draft in mid-2011, its influence was weak. None the less, in the debates that ensued, the system was vocal in espousing its values, and has since then become much more visible. The system now has about six hundred members and has recently begun the accreditation of training courses, degree programmes, and internship sites.

2. The differentiation between professional and popular purposes: the individuals and agencies associated with the psycho-boom are developing a clearer distinction between the professional and the popular. Many of them replace the elusive notion of “training” with terms that do not have a professional connotation, for example, “growth” (chengzhang) or “well-being” (jiankang). In the meantime, some institutions try to offer more systematic curricula or more advanced courses to meet the needs of dedicated trainees. Among the practitioners and those who are interested in pursuing such a career, the importance of rigorous training has become more widely acknowledged.

3. The increase in younger participants: the psycho-boom used to be dominated by people who were born between the mid-1960s and the late 1970s. In the past few years, people who were born after 1980 or even 1985 have quickly moved to the centre of the flourishing scene. This new generation has much greater chances of receiving formal training in psychology. They are also more accustomed to psychological language and ways of thinking, as their early adulthood coincided with the unfolding of the psycho-boom.
4. The growth in the numbers of clients: the most intriguing difference, in my view, is the substantial growth in the numbers of clients. Now I know several dozens of therapists in Beijing and Shanghai who are seeing more than ten or fifteen regular clients. Although the number might look modest, it is very different from three years ago, when no more than ten of my informants had a caseload that large. For these people, psychotherapy has really become a job and a way of making a decent living.

Given the fluidity and rapid pace of change, any conclusion about the psycho-boom in China is tentative at best. In the near future, it could maintain its dual identity as a popular movement and a new profession and continue to evolve on both fronts. However, the recent trends mentioned above are hints that part of the psycho-boom is moving closer and closer to what many of its leading figures have long wished to achieve: a profession of private practitioners. A considerable number of its participants have committed to practising psychotherapy. Correspondingly, more clients have walked into therapists’ offices, taking the first steps on their personal journeys of therapy. The growth in the numbers of clients might reflect the maturation of the therapeutic community as well as the effects of the psycho-boom on the popular culture—urbanites in China have been exposed to all things psychological through the media and other channels since the early 2000s. These popular effects also foster a distinction between psychotherapy, which is associated with the middle class and urban lifestyles, and psychiatry, which is deeply connected to serious mental illness and stigma (see Guo & Kleinman, 2011).

At this moment, it is important to remember that the development of psychotherapy in China has never been met with a straightforward reception. Instead, it has a meandering trajectory deeply entangled with, and affected by, the social, political, and economic transformations during the past century, as I delineate above. The eminent psychiatrist Lin Tsung-Yi, who visited China as a WHO consultant in the early 1980s, once challenged the then long-held view that psychotherapy was not suitable for the Chinese. He argued that this conviction was premature because psychotherapy had not been “properly and sufficiently applied to Chinese patients by well-trained Chinese psychotherapists” (Lin, 1983, p. 865). As Chinese therapists and clients engage more deeply with psychotherapy, we are finally moving toward the answer to this question. It is expectable that the therapeutic project will be able to tell us more about the inner and interpersonal lives of Chinese individuals, which have experienced tremendous transformations during the reform period (see Hansen & Svarverud, 2010; Kipnis, 2012; Kleinman et al., 2011). The Chinese therapists, working with the problems derived from these transformations, may
begin to make more significant contributions to the field that they have been enamoured with.

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**NOTES**

1. In China, popular media often granted the designation *re* (fever or heat) to the frenzied trends that had seized large proportions of the population in the post-reform period. These included the so-called “qigong fever” (*qigong re*), “culture fever” (*wenhua re*), “stock fever” (*gupiao re*), “national learning fever” (*guoxue re*), “nurturing-life fever” (*yangsheng re*), and so on. What I describe as the “psycho-boom” is a new addition. I borrow this term from the therapists who used it to characterise the proliferation of groups and workshops in 1970s Germany (Bach & Molter, 1976; Schülein, 1978). These phenomena derived from the encounter group and human potential movements that emerged slightly earlier in the USA. While these movements had their origins in academic and professional psychology, more precisely its humanistic school, they emerged as popular movements that engaged hundreds of thousands of participants who were interested in self-exploration and growth (see Grogan, 2012). As I reveal later in the article, the psycho-boom in China also allows the pursuit of various non-professional interests. The crucial distinction is that in China psychiatry and the counselling/clinical branch of psychology were far from well established when the psycho-boom emerged. This contributes to a greater conflation of professional and non-professional pursuits.
2. For the internal history of Chinese psychology, see the two ambitious book projects led by the eminent psychologist Gao Juefu (2005) and Yang and Zhao (2000). Unlike psychology that has long regarded “history of psychology” as a legitimate sub-discipline, Chinese psychiatry has been less effective in composing its disciplinary history. The collection of biographies and summaries edited by Chen and Chen (1995) has remained a valuable sourcebook. Additionally, scholars from overseas (e.g. Lin, 1985; Livingston & Lowinger, 1983; Pearson, 2014; Yip, 2005) offer some historical overviews of the discipline.

3. It should be noted that the therapeutic landscape described above is seen from Beijing and Shanghai, the two cities that are generally seen as constituting the heart of the psycho-boom. While these two centres have a paramount influence over the periphery, other routes of transmission flourish in the psycho-boom, creating substantial regional variation. For example, anthropologist Li Zhang (2014) discovered in Kunming that the Satir model, cognitive–behavioural therapy, and sandplay are the most popular modalities. Also, it is not easy to gauge the popularity of a specific school based on its visibility in academic publications. For example, the publications on the Taoist cognitive psychotherapy (e.g., Zhang et al., 2002), which was invented by the eminent psychiatrist Young Derson and his disciple Zhang Yalin, have received considerable attention. However, one can hardly find any training courses on this topic.

4. This means that only medical personnel (including doctors, nurses, and technicians) who have finished their junior-rank services (typically five years) are eligible for the certification. These rules technically exclude people who are outside the medical system, including those who hold psychology degrees, as one needs to have a health-related degree to attain a junior-rank employment in the medical system. The system has certified merely two or three thousand people since its inception. For a critical evaluation of the system and the related articles in the Mental Health Law (see Zhao, 2014).

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